5R-001U5

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Attorney Docket Number

DECLARATION	FOR UTILI	TY OR			1/1/0	0107	
DESIGN			First Named Inv	entor	RYAN	, <i>5</i> .	
PATENT APPLICATION			COMPLETE IF KNOWN				
(37 CFR 1.63)			Application Nun	nber			
Declaration	Declarati	ion	iling Date				
Submitted OR With Initial	Filing (s	urcharge	Art Unit				
Filing	(37 CFR required	(1.16 (e))	Examiner Name	•			
I hereby declare that:	I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name.						
I believe the inventor(s) name which a patent is sought on the	d below to be th	ne original and first in				is daimed a	nd for
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the specification of which		(Tide of the fi	nvenuon)				
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[Page 1 of 2]
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Direct all correspondence to:	Customer Number:	OR	Correspondence address below		
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Address BOX 7218					
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USA	831 332		11 662 9562		
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NAME OF SOLE OR FIRST INVE	NTOR:	petition has been filed f	for this unsigned inventor		
Given Name (first and middle [if any])	IN PATRICK		Family Name or Surname		
Inventor's Signature	ky		Date / 10/30/03		
Residence: City SI WALNUT CREEK (CALIFORNIA	Country USA	Citizenship USA		
Mailing Address 3096 AVELLANO DZIVC					
City Check St	tate CALIFORNIA	ZIP 9459	18 Country US A		
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Nar or Sumam			
Inventor's Signature			Date		
Residence: City Si	itate	Country	Citizenship		
Mailing Address					
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Additional inventors or a legal repres	sentative are being named on the	_supplemental sheet(s) PTO/S	SB/02A or 02LR attached hereto.		

PTO/SB/81 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	RYAN S
Title	EVALUATION OF RISK
Art Unit	
Examiner Name	
Attorney Docket Number	50-00/05

I hereby appoint:							
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K	Practitioner(s) named below:						
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	PATRICK	REILLY	37,4	17			
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	Country	USA					
	Telephone	831 332 7127	Z Fax	831 66	1 9562		
1 am the: Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Name SHAMN PATRICK RYAN							
Signature Shurf. Kly							
Date	10/30/03	The state of the s		Telephone 9	25-256-4068		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
*Total of ONE forms are submitted.							

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